



## Medical Marijuana Program Fingerprinting Instructions

Please note that fingerprinting instructions and other instructions may change. Please refer back to the ADHS website for the most current information. Please read these entire instructions carefully before you begin the fingerprinting process.

### **General Information**

In accordance with Arizona Revised Statutes (A.R.S.) §36-2819, fingerprints are required to be submitted to conduct a state and federal criminal records check for the following individuals:

- a designated caregiver (Arizona Administrative Code (A.A.C.) R9-17-202(F)(6)(k));
- a custodial parent and/or legal guardian acting as a designated caregiver for a patient under 18 years of age (A.A.C. R9-17-202(G)(9)); and
- a dispensary agent individual (A.A.C. R9-17-311(7)) who
  - is serving as a principal officer or board member for the dispensary
  - is employed by or contracted with the dispensary
  - is providing volunteer services at or on behalf of the dispensary

The Arizona Department of Public Safety (AzDPS) may exchange this fingerprint data with the Federal Bureau of Investigation (FBI) without disclosing that the records check is related to the Medical Marijuana Act and acts permitted by it. When the results of the state and FBI records search are no longer needed, the Arizona Department of Health Services (ADHS) will destroy these records and related fingerprint cards.

Because one set of fingerprints may be illegible, ADHS requires submitting two sets of original fingerprints in order to expedite processing. Prints must be taken by someone experienced in rolling fingerprints. Please be sure that the prints are legible. If they are smudged or blurred, the prints will be rejected.

### **Where to Obtain Fingerprinting Services**

Check with your local law enforcement agency to determine if they provide the fingerprint card and public fingerprinting services. You may also check for a private fingerprinting company to provide this service. While requirements may vary from location to location, have at least one valid form of Government-issued identification with a photograph available. Sign the card in the presence of the law enforcement officer or the fingerprint technician. You may be charged a fee by the fingerprinting entity for the “rolling” of your fingerprints. You must have the individual rolling your fingerprints sign the card in the designated space. You must use the blue and white fingerprint card #FD-258. You should be provided with the appropriate fingerprint card by either the law enforcement agency or private company you use. *Please note that AzDPS will not provide the fingerprint card stock nor complete the fingerprinting.*

### **Where to Mail Completed Fingerprint Cards and “Fingerprint Submission Information” Sheet**

Once you have completed your application on-line, the system will direct you to print out your application. The printed application will include a page titled “Fingerprint Submission Information.” Please include a copy of this page only from the application along with the two sets of original fingerprints.

Please mail fingerprint cards and the “Fingerprint Submission Information” sheet from the application to:

Arizona Department of Health Services  
P.O. Box 19000  
Phoenix, AZ 85005

*Please mail cards in an envelope that will not cause the fingerprint card to be folded or creased. All cards must be mailed to ADHS. DO NOT send the fingerprint cards to the AzDPS or the FBI.*

## Sample Fingerprint Card and Required Information

(The information may be typed or legibly printed)

<b>APPLICANT</b>		LEAVE BLANK		TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAM</u> FIRST NAME <u>JANE</u> MIDDLE NAME <u>DENISE</u>				FBI LEAVE BLANK	
SIGNATURE OF PERSON FINGERPRINTED		ALIASES <u>AKA</u> <u>DOUGH, JANE D</u>		OR		DATE OF BIRTH <u>DOB</u> Month <u>05</u> Day <u>05</u> Year <u>55</u>		LEAVE BLANK	
RESIDENCE <u>222 SKY WALKER DR</u> <u>WONDERFUL, AZ 87552</u>		CITIZENSHIP <u>CTZ</u>		SEX <u>F</u>	RACE <u>W</u>	HEIGHT <u>5'2</u>	WEIGHT <u>120</u>	EYES <u>BRO</u>	HAIR <u>BLK</u>
DATE _____ SIGNATURE OF OFFICIAL TAKING FINGERPRINTS _____		YOUR NO. <u>OCA</u> <b>LEAVE BLANK</b>		CLASS _____ REF. _____					
EMPLOYER AND ADDRESS <b>LEAVE BLANK</b>		FBI NO. <u>FBI</u>		LEAVE BLANK					
REASON FINGERPRINTED <b>LEAVE BLANK</b>		ARMED FORCES NO. <u>MNU</u>		LEAVE BLANK					
		SOCIAL SECURITY NO. <u>SOC</u> <u>555-55-5555</u>		LEAVE BLANK					
		MISCELLANEOUS NO. <u>MNU</u> <b>LEAVE BLANK</b>		LEAVE BLANK					

  

1. R. THUMB	2. R. INDEX	3. R. MIDDLE	4. R. RING	5. R. LITTLE
6. L. THUMB	7. L. INDEX	<b>SAMPLE ONLY</b>		10. L. LITTLE
+ LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	+ RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

The following information **MUST** be completed on both cards:

- **Name:** The applicant's full name should be in the last name, first name, middle name sequence.
- **Date of Birth:** Date of birth should be in MM/DD/YY format.
- **Place of Birth:** Enter the two letter state abbreviation and if the Place of Birth is a foreign country, please spell the name out.
- The date the applicant was fingerprinted and the signature of the person taking the prints should be placed in the appropriate blocks.
- **Aliases/AKA:** Enter any known aliases, including maiden names.
- **Residence of Person Fingerprinted:** List the street address, city, and state of the person being fingerprinted. Enter the residence address, not mailing address.
- **Signature of Person Fingerprinted:** Applicant to sign in ink.
- **Social Security Number:** Enter the applicant's social security number.

- **Sex:** Use M for Male and F for Female.
- **Race:** Use the following letters:  
W – White      H – Hispanic  
B – Black      I – American Indian or Alaskan Native  
A – Asian or Pacific Islander    U – Unknown
- **HGT (Height):** Enter height in feet and inches such as 5’7”, not 71 inches. Do not use fractions.
- **WGT (Weight):** Enter weight in pounds as a whole number. For example, 180 pounds is 180.
- **Eyes:** Your eye color. Use the following abbreviations:  
BLK – Black      BLU – Blue  
BRO – Brown      GRY – Grey  
GRN – Green      HZL – Hazel
- **Hair:** Your hair color. Use the following abbreviations:  
BLK – Black      BRO – Brown  
GRY – Grey      RED – Red  
WHI – White      BAL – Bald  
BLD – Blonde      XXX – Unknown

### **Fingerprinting DOs and DON'Ts**

<b>DO</b>	<b>DO NOT</b>
Type or print all information in black.	Highlight any of the fingerprint portions of the card.
Indicate any amputations or missing fingers at birth in the correct finger blocks.	<b><u>DO NOT</u></b> complete any “Leave Blank” fields on the card
See instructions on the reverse of the card regarding other physical problems in taking a good set of fingerprints.	
Ensure a complete set of fully rolled and inked fingerprint impressions are submitted. Fingerprints must be rolled from side of nail to side of nail. All impressions must be within the Blue Box, no overlapping, for each print.	
Ensure all impressions are taken in the proper order and are legible.	